

Amendment

TOWNSEND and TOWNSEND and CREW LLP

Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(206) 467-9600

Attorney Docket No. 20093-000120US

In re application of: Gerald P. Murphy et al.

Application No.: 09/016,737

Filed: January 30, 1998

Group Art Unit: 1642

For: ISOLATION AND/OR PRESERVATION OF DENDRITIC
CELLS FOR PROSTATE CANCER IMMUNOTHERAPY

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231



Date: December 21, 2000

I hereby certify that this is being deposited with the United States
Postal Service as first class mail in an envelope addressed to:

Box AF, Assistant Commissioner for Patents
Washington, D.C. 20231

Signed: 

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Enclosed is a petition to extend time to respond.
☒ Notice of Appeal.
☒ Czerniecki, et al, "Calcium Ionophore-Treated Peripheral Blood Monocytes and Dendritic Cells Rapidly Display Characteristics of Activated Dendritic Cells," J. Immunol. 159: 3823-3837 (1997).

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	* 15	MINUS	** 30	=	0
INDEP.	* 1	MINUS	*** 3	=	0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
x \$9.00 =	\$0.00		x \$18.00 =	
x \$40.00 =	\$0.00		x \$80.00 =	
+ \$135.00 =			+ \$270.00 =	
TOTAL ADDIT. FEE	\$0.00	OR	TOTAL	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☒ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

<input type="checkbox"/>	Claims fee	\$	
<input checked="" type="checkbox"/>	Extension of Time for Reply within third month (Fee Code 217)	\$	445
<input checked="" type="checkbox"/>	Notice of Appeal (Fee Code 219)	\$	155
<input checked="" type="checkbox"/>	Any additional fees associated with this paper or during the pendency of this application.		
TOTAL FEES:		\$	600

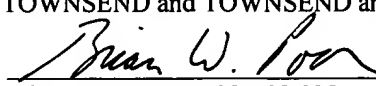
2 extra copies of this sheet are enclosed.

Customer No. 20350

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